

# Newport Health District

## 2012 Behavioral Risk Factor Surveillance System Data

*Guidance • Support • Prevention • Protection*

VDH – Public Health Statistics  
May 2014

 **VERMONT**  
**DEPARTMENT OF HEALTH**

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## What is the Behavioral Risk Factor Surveillance System or BRFSS?

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey conducted annually among adults 18 and older. The Vermont BRFSS is conducted by the Vermont Department of Health (VDH) in collaboration with the Centers for Disease Control and Prevention (CDC). All U.S. states, Washington D.C. and several U.S. territories participate in the survey.

Typically between 6,000 and 7,000 Vermont adults are interviewed as part of the Vermont BRFSS each year. Vermont residents ages 18 and older are eligible for the survey. A Vermont resident is defined as someone living in the state for at least 30 days in a given calendar year. Adults living in institutions such as nursing homes, group homes, or prisons are not eligible for the survey.

The BRFSS survey includes questions on chronic disease prevalence (e.g. asthma diagnosis), risk behaviors (e.g. currently smoke), demographics (e.g. age, gender, race), health care access (e.g. have health insurance), and preventive behaviors and health screening (e.g. routine visits to a doctor or colorectal cancer screening).

Additional information can be found on the VDH and CDC websites:

- <http://healthvermont.gov/research/brfss.aspx>
- <http://www.cdc.gov/brfss/>

A report summarizing the 2012 statewide results from the Vermont BRFSS can also be found on the VDH website:

[http://healthvermont.gov/research/brfss/documents/summary\\_brfss\\_2012.pdf](http://healthvermont.gov/research/brfss/documents/summary_brfss_2012.pdf)

### Recent Changes to BRFSS Methodology

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. Population weights are now calculated using iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using smaller sample sizes, adjusts for more demographic variables, and incorporates cell phone interview data into estimates.

While these adjustments make the calculations more representative of the population, the changes in methodology also limit the ability to compare 2011 results to previous years. VDH's Center for Health Statistics recommends that comparisons between 2011 BRFSS data and earlier years be made with caution. Statistical differences between 2011 and earlier years may be due to methodological changes, rather than changes in opinion or behavior.

## Demographics of Newport Health District\*

The next few pages describe the demographic makeup of Newport area adults in 2011-2012.

More than half of Newport adults are female. Two-thirds of adult Newport residents are 25-64, with a quarter 65 and older.

- Newport residents are significantly less likely than Vermont adults overall to be 18-24 (7% vs. 13%) and more likely to be 65 and older (26% vs. 20%).

Six in ten Newport adults have a high school degree or less.

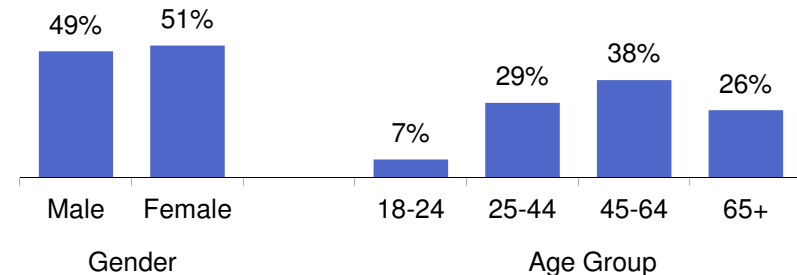
- Newport adults are significantly more likely than Vermont adults overall to have a high school or less degree (60% vs. 41%) and less likely to have some college education (23% vs. 29%) and a college degree or higher (17% vs. 31%).

More than a third of Newport adults live in a home making less than \$25,000 annually.

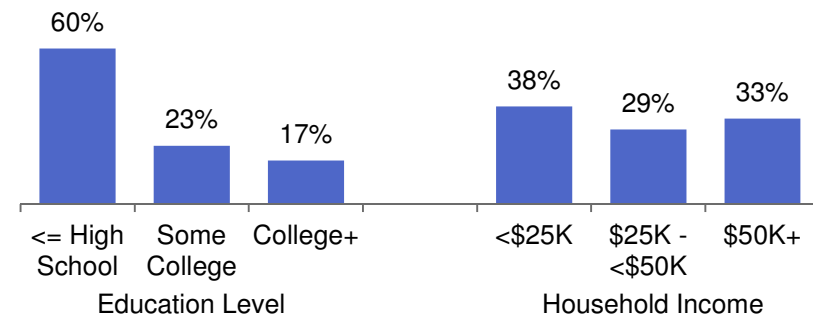
- Newport adults are significantly more likely than Vermont adults overall to live in homes making less than \$25,000 per year (38% vs. 26%) and significantly less likely to live in ones making \$50,000 or more per year (33% vs. 47%).

Four percent of Newport area adults report being a racial or ethnic minority, statistically similar to the five percent among all Vermont adults.

**Newport Residents  
by Gender and Age**



**Newport Residents  
by Socio-Economic Status**



\*See page 27 for a list of the towns included in the Newport Health District.



## Demographics of Newport Health District

Half of adult Newport residents are currently employed and about a quarter are retired. Less than 10% each said they are a student or homemaker, unable to work or out of work.

- Newport adults are significantly less likely than Vermonters overall to be employed (51% vs. 63%). Conversely, they are more likely to be retired (23% vs. 17%) or unable to work (9% vs. 5%).

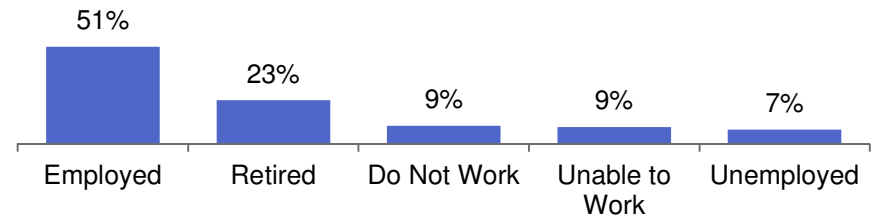
More than half of Newport adults are married. Less than two in ten are either married or divorced. Ten percent or fewer are widowed or part of an unmarried couple.

- Newport adults are significantly more likely than Vermont adults overall to report being widowed (10% vs. 6%) and less likely to have never married (15% vs. 22%).

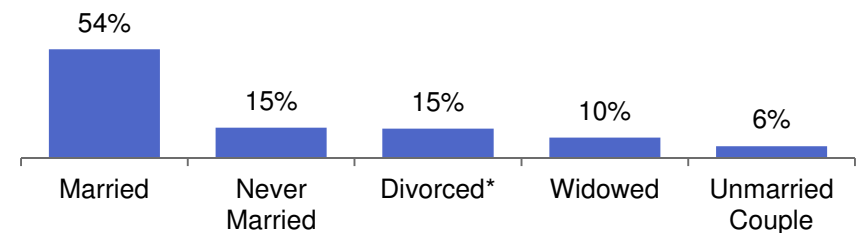
More than two-thirds of adults in Newport said there are no children less than 18 in their home. Less than 10% have three or more children.

- The number of children in the home reported by Newport area adults was similar to that for Vermont overall.

**Newport Residents  
by Employment Status**

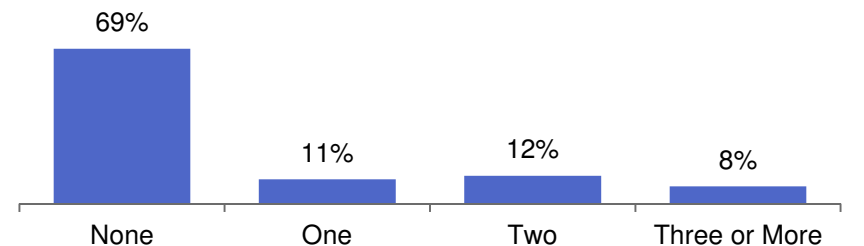


**Newport Residents  
by Marital Status**



\*Includes those who reported their marital status as divorced or separated.

**Newport Residents  
by Children in Household**

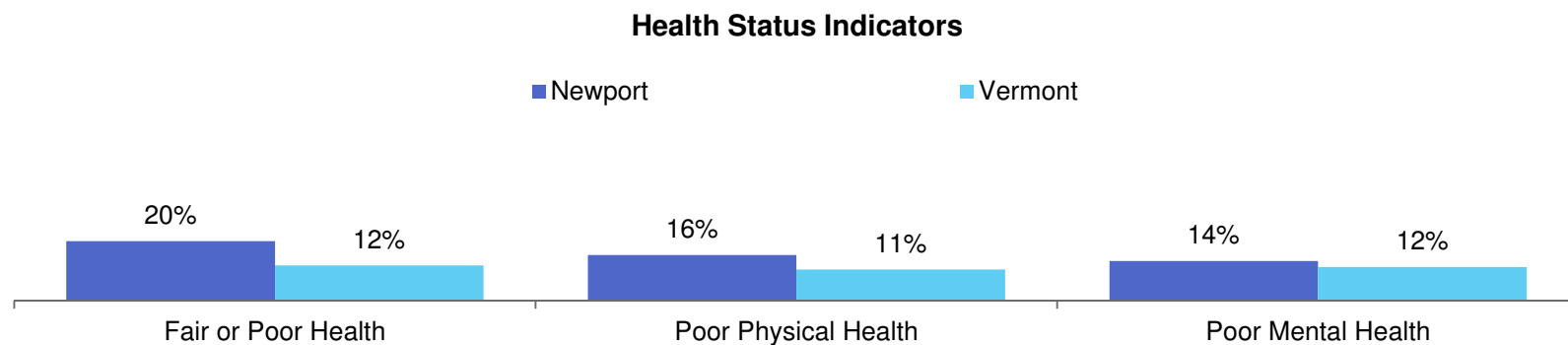


## Health Status Indicators

In 2011-2012, one in five Newport area adults reported poor or fair general health. About one in six reported having poor physical health, while fourteen percent said they had poor mental health.

- Poor mental and physical health were defined as 14 or more days of poor mental/physical health in the last month.

Newport area adults are significantly more likely than Vermont adults to report fair or poor general health (20% vs. 12%) or poor physical health (16% vs. 11%).



## Health Status Indicators

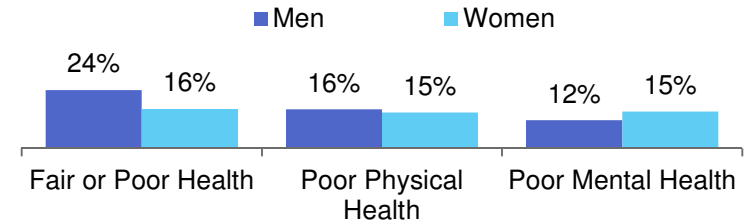
There are no statistical differences by gender, among Newport area adults, in the rates of fair or poor general health, poor physical health, or poor mental health.

Among Newport adults, those 65 and older are significantly less likely to report poor mental health, as compared with those 18-44 (7% vs. 19%).

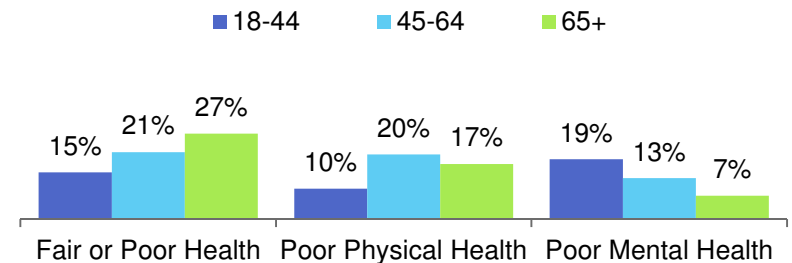
- There are no statistically significant differences in reported fair or poor general health or poor physical health by age.

Regardless of the poor health status measure, there are no statistically significant differences by annual household income level among Newport area adults.

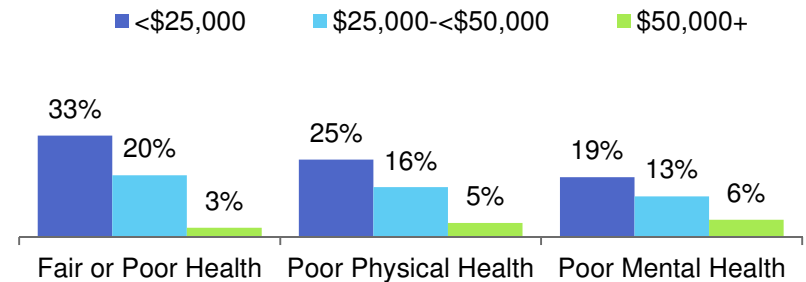
**Health Status Indicators by Gender  
Newport Adults**



**Health Status Indicators by Age**



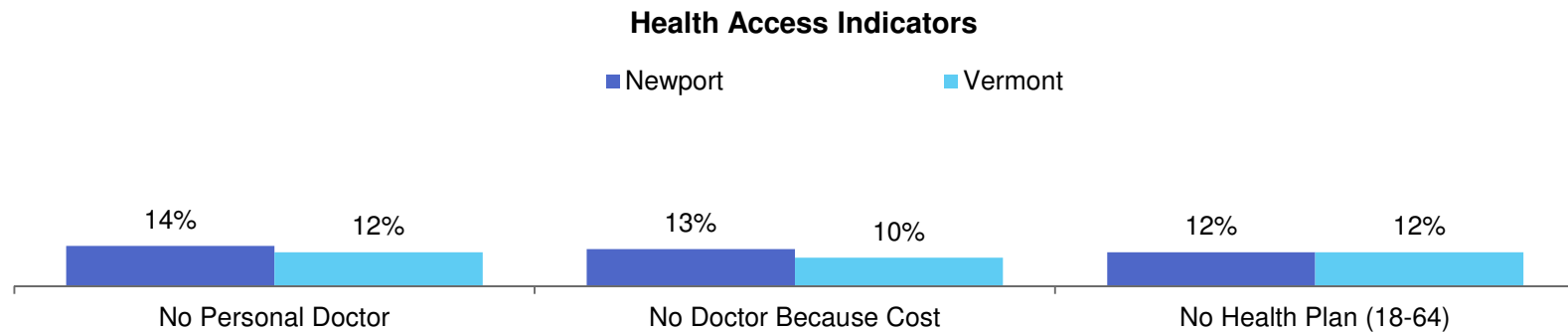
**Health Status Indicators by Income Level**



## Health Access Indicators

In 2011-2012, about one in seven adults in the Newport area each said they do not have a personal doctor for health care or that they needed care in the last year but did not seek it due to the cost. Among Newport area adults ages 18-64, 12% said they do not have health insurance.

Newport area adults report similar rates to Vermonters overall for each of these health access indicators.





## Health Access Indicators

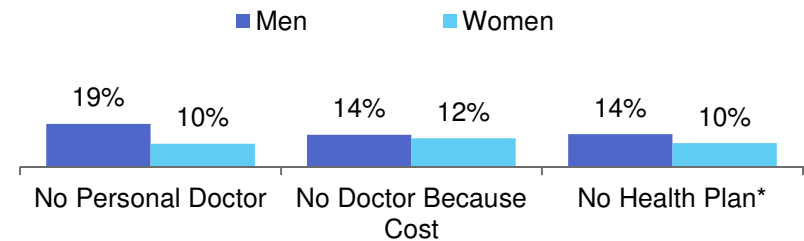
There are no statistically significant differences by gender, among Newport area adults, in any measure of poor health access.

Poor health access decreases with increasing age among Newport area adults.

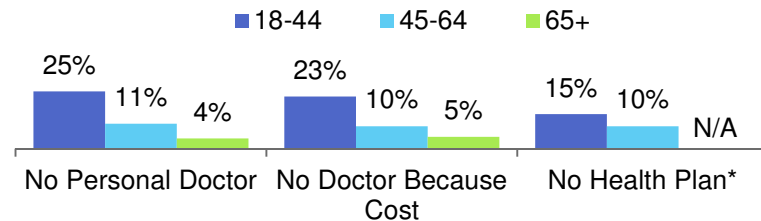
- Adults ages 18-44 are significantly more likely than those 65 and older to report not having a personal health care provider (25% vs. 4%) or delaying care due to cost (23% vs. 5%).
- Among adults 18-64 there are no differences in not having a health plan by age.

There are no statistically significant differences by annual household income level in any poor health access measure among Newport area adults.

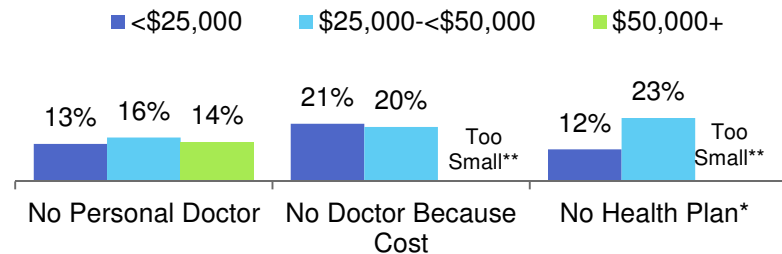
**Health Access Indicators by Gender  
Newport Adults**



**Health Access Indicators by Age**



**Health Access Indicators by Income Level**



\*Limited to adults 18-64.

\*\*Sample size too small to report.

## Disability

About three in ten Newport area adults reported having a disability (29%), significantly higher than the 21% among Vermont adults.

- Disability was defined as having activity limitations due to physical, emotional or mental problems OR any health problem that requires use of special equipment.

Men and women in the Newport area reported being disabled at the same rate, both 29%.

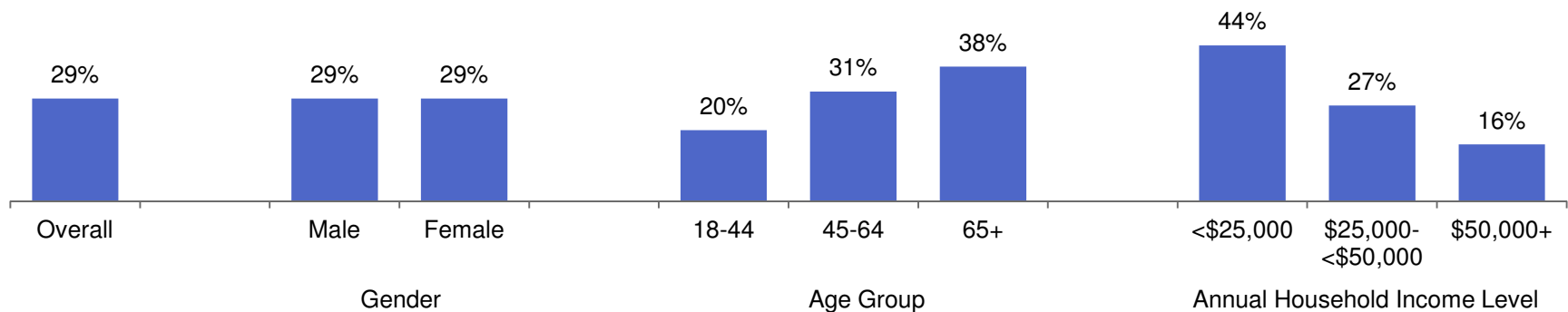
Reported disability among Newport adults increases with increasing age.

- Adults 65 and older were significantly more likely than those 18-44 to have a disability (38% vs. 20%).

Newport area adults with lower annual household incomes are more likely to be disabled.

- Those in homes making less than \$25,000 per year are more likely to report disability than those in homes making \$50,000 or more (44% vs. 16%).

**Disability, Overall and by Sub-groups  
Newport Adults**



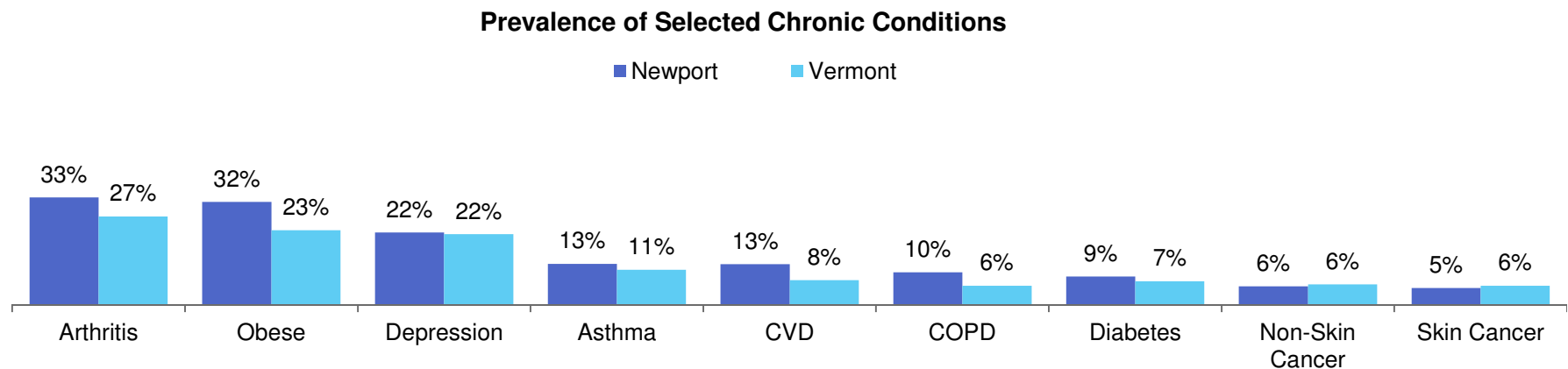
## Chronic Conditions

Newport area adults reported statistically higher rates of arthritis, cardiovascular disease and chronic obstructive pulmonary disease (COPD) when compared with Vermont adults.

- A third of adults in the Newport area each reported having arthritis (33%) compared to 27% of Vermont adults.
- About one in eight (13%) Newport adults said they have cardiovascular disease, significantly higher than the 8% among Vermont adults overall.
- One in ten adults living in the Newport area have COPD, compared with 6% among Vermont adults overall.

The prevalence of obesity among Newport area adults, ages 20 and older, is also significantly higher than that among Vermont adults of the same age. Thirty-two percent of Newport adults reported being obese, compared with 23% of Vermont adults.

Newport area and Vermont adults reported similar rates of the following chronic conditions: depressive disorders, asthma, diabetes, non-skin cancer, and skin cancer.



CVD = cardiovascular disease

Obesity data is limited to adults 20 and older and is age-adjusted to the U.S. 2000 population.

## Chronic Conditions

There are no statistically significant differences by gender for the prevalence of arthritis, obesity, depressive disorders or asthma.

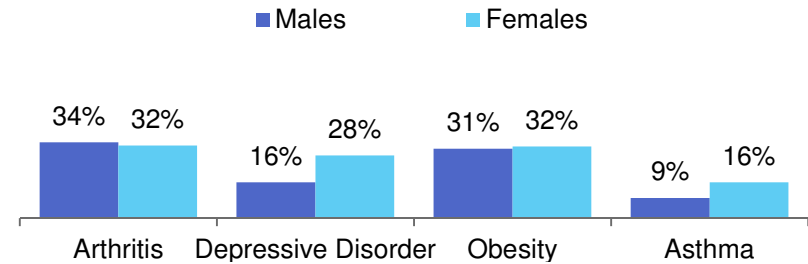
Among Newport area adults, diagnosis of arthritis increases with increasing age.

- All differences in arthritis prevalence by age are statistically significant.
- There are no statistical differences by age for rates of obesity, depressive disorders, and asthma.

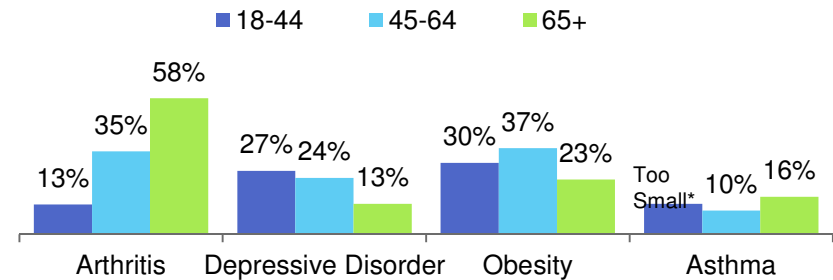
Additionally, Newport adults living in homes with less income are more likely than those in homes with higher incomes to have arthritis, depressive disorders, and asthma.

- Adults in homes making less than \$25,000 per year are significantly more likely than those in homes with more income to have cardiovascular disease.
- Newport adults in homes making less than \$25,000 per year are significantly more likely than those in homes making \$50,000 or more per year to have arthritis, a depressive disorder or asthma.
- There are no statistically significant differences by annual household income level for rates of obesity.

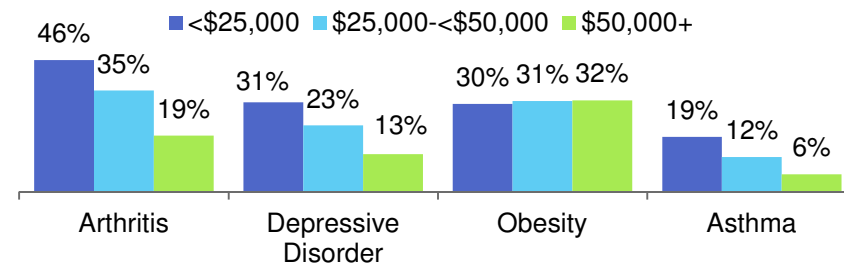
**Chronic Conditions by Gender  
Newport Adults**



**Chronic Conditions by Age**



**Chronic Conditions by Income Level**



\*Sample size is too small to report.

Note: Obesity data are for adults 20 and older and, except that by age, are age adjusted to U.S. 2000 standard population.

## Chronic Conditions

There are no statistically significant differences by gender for the prevalence of cardiovascular disease, diabetes and COPD.

Among Newport area adults, diagnosis of cardiovascular disease increases with increasing age.

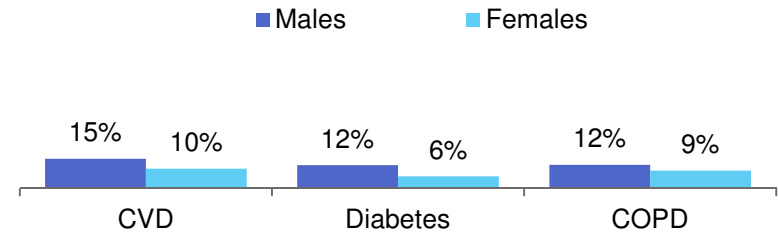
- Adults 65 and older (29%) are significantly more likely to report having cardiovascular disease than those 18-44 (4%) and 45-64 (9%).

There are no statistically significant differences by gender in the prevalence of diabetes and COPD.

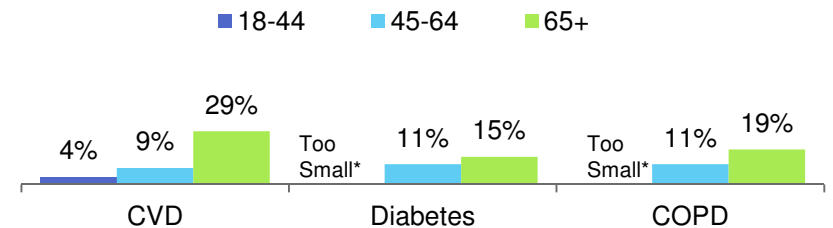
Newport area adults living in homes with less income are more likely than those in homes with higher incomes to have cardiovascular disease, diabetes and COPD.

- Adults in homes making less than \$25,000 per year are significantly more likely than those in homes with more income to have cardiovascular disease.
- Newport adults in homes making less than \$25,000 annually are also significantly more likely than those in homes making \$50,000 or more to report having COPD.
- There are no statistically significant differences in the prevalence of diabetes by income level.

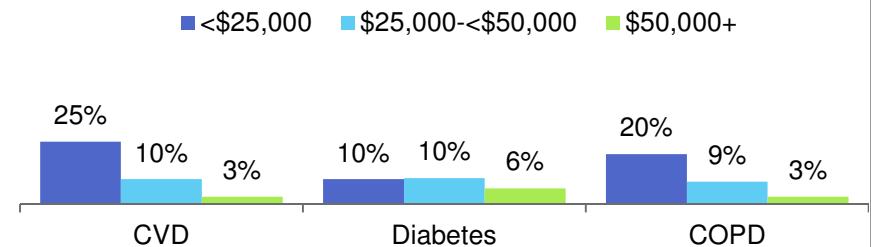
**Chronic Conditions by Gender  
Newport Adults**



**Chronic Conditions by Age**



**Chronic Conditions by Income Level**



\*Sample size is too small to report

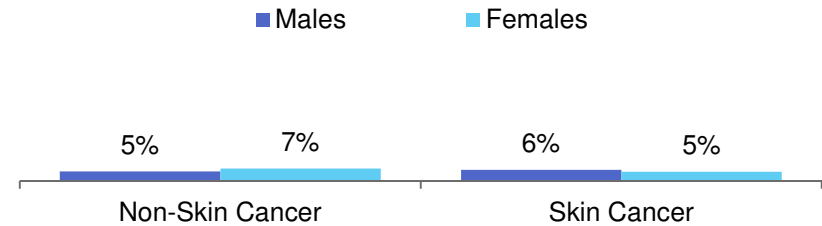
## Chronic Conditions

There are no statistical differences in the prevalence of non-skin cancer or skin cancer by gender, among Newport adults.

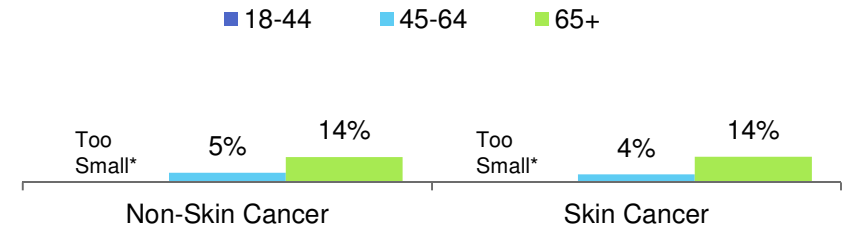
The prevalence of both skin and non-skin cancers in Newport area adults is higher among older age groups. For both, adults 65 and older are significantly more likely to have been diagnosed with cancer than those 45-64.

Newport area adults report statistically similar rates of non-skin and skin cancer by annual household income level.

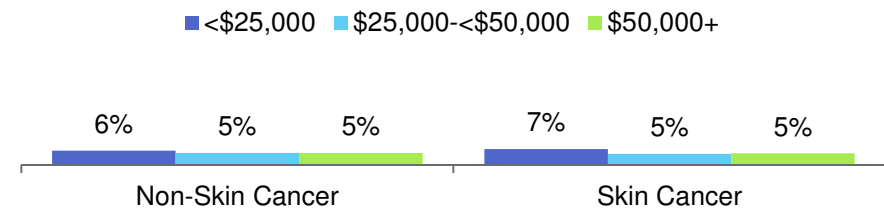
**Chronic Conditions by Gender  
Newport Adults**



**Chronic Conditions by Age**



**Chronic Conditions by Income Level**



\*Sample size is too small to report



## Risk Behaviors

Three in ten Newport area adults currently smoke. This is significantly higher than the 17% reported for Vermont adults overall.

- Among Newport area smokers, 56% tried to quit smoking at least once during the previous year, which is similar to the 62% of Vermont smokers.

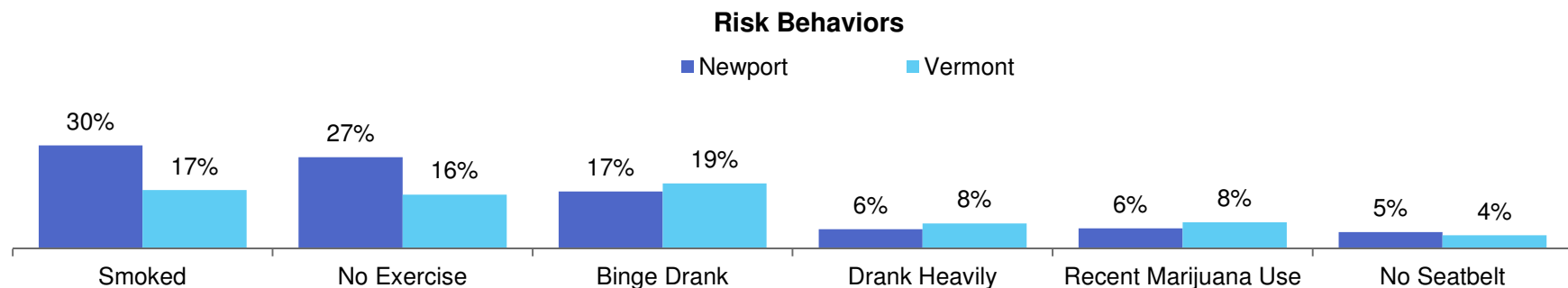
More than a quarter of adults in the Newport area said they did not participate in any physical activity during the previous month, significantly higher than the 16% reported by Vermont adults.

Seventeen percent of Newport adults reported binge drinking during the previous month. One in sixteen said they drank heavily or used marijuana in the last 30 days.

- Binge drinking was defined as five or more drinks in one sitting for men and four or more drinks for women. Heavy drinking was defined as more than two drinks per day for men and more than one for women.

One in twenty Newport area adults seldom or never use a seatbelt when riding or driving in a car.

Rates of binge and heavy drinking, recent marijuana use, and non-use of seatbelts among Newport area adults are all similar to those for Vermont adults overall.



Note: Smoking and exercise data are age adjusted to the U.S. 2000 standard population

## Risk Behaviors

Men and women in the Newport area report smoking and not participating in leisure time physical activity at similar rates.

Among adults in the Newport area, smoking rates decrease with increasing age.

- All differences by age are statistically significant.

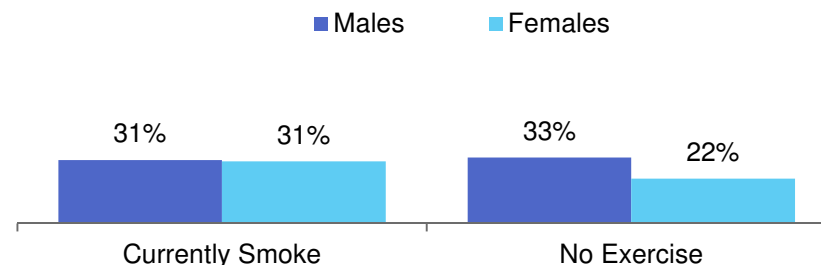
There are no statistical differences by age in rates of not participating in physical activity.

Newport area adults in homes with more income are less likely to currently smoke.

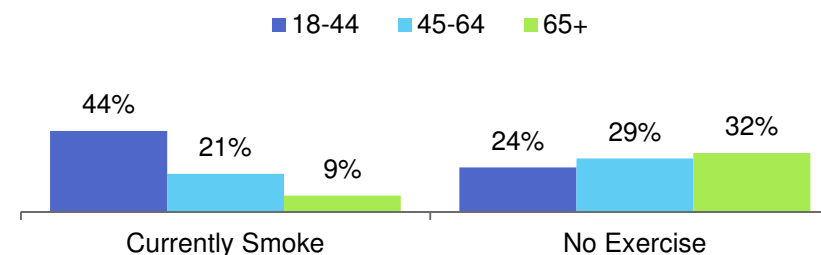
- Those in homes making \$50,000 or more per year are significantly less likely to smoke compared to those in homes making less money (15% vs. 39%).

There are no statistically significant differences by annual household income level among Newport area adults in not participating in physical activity.

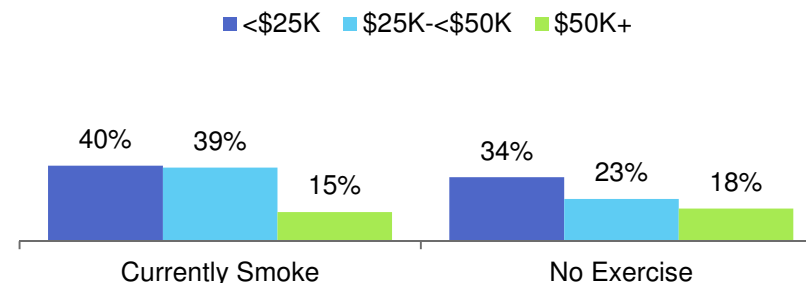
**Risk Behaviors by Gender  
Newport Adults**



**Risk Behaviors by Age**



**Risk Behaviors by Income Level**



Note: Smoking and physical activity data, except that by age, are age-adjusted to the U.S. 2000 population.

## Risk Behaviors

A quarter of men in the Newport area said they binge drank in the last month. This is significantly higher than the 9% reported among women.

Heavy drinking and recent marijuana use do not differ significantly by gender.

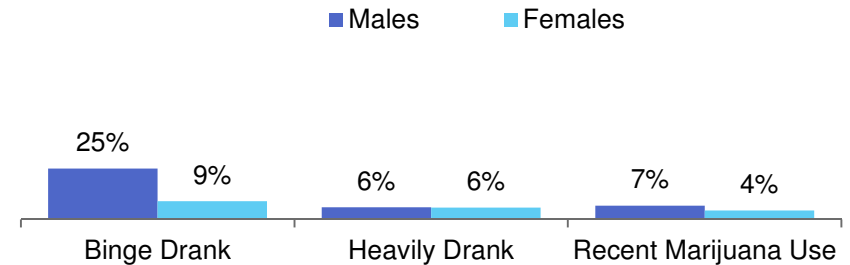
Binge drinking decreases with increasing age.

- Newport area adults ages 65 and older are significantly less likely than those in younger age groups to report binge drinking in the last month (3% vs. 22%).

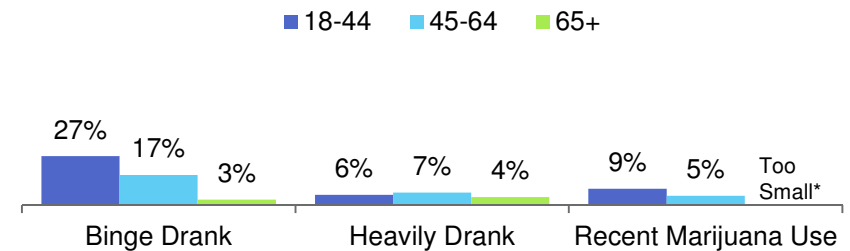
Heavy drinking and recent marijuana use do not differ significantly by age.

There are no statistical differences in binge drinking, heavy drinking or recent marijuana use by annual household income level, among Newport area adults.

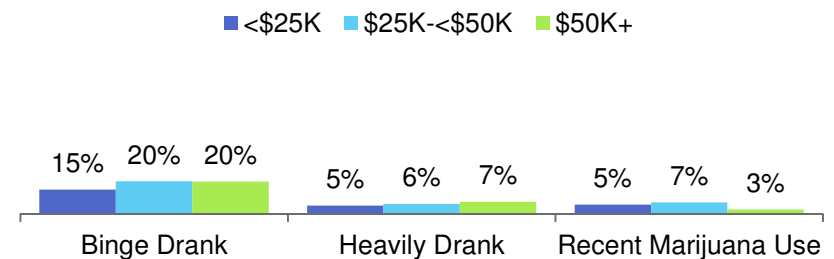
**Risk Behaviors by Gender  
Newport Adults**



**Risk Behaviors by Age**



**Risk Behaviors by Income Level**



\*Sample size is too small to report

## Risk Behaviors

Overall, about one in sixteen adults in the Newport area said they seldom or never wear a seatbelt when riding or driving a car.

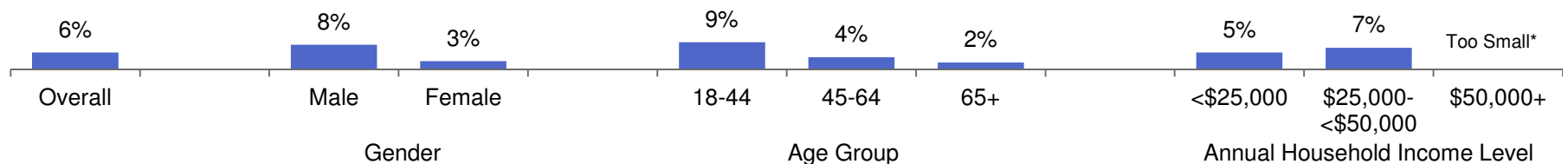
- This is statistically similar to the four percent of Vermont adults who reported the same.

Newport area men and women never or seldom wear seatbelts at statistically similar rates.

Adults 18-44 are more likely than older adults to not wear a seatbelt, however the difference is not statistically significant.

Non-use of seatbelts by annual household income level, among Newport area adults, also does not differ significantly.

**Seldom or Never Wear Seatbelt, Overall and by Sub-groups  
Newport Adults**

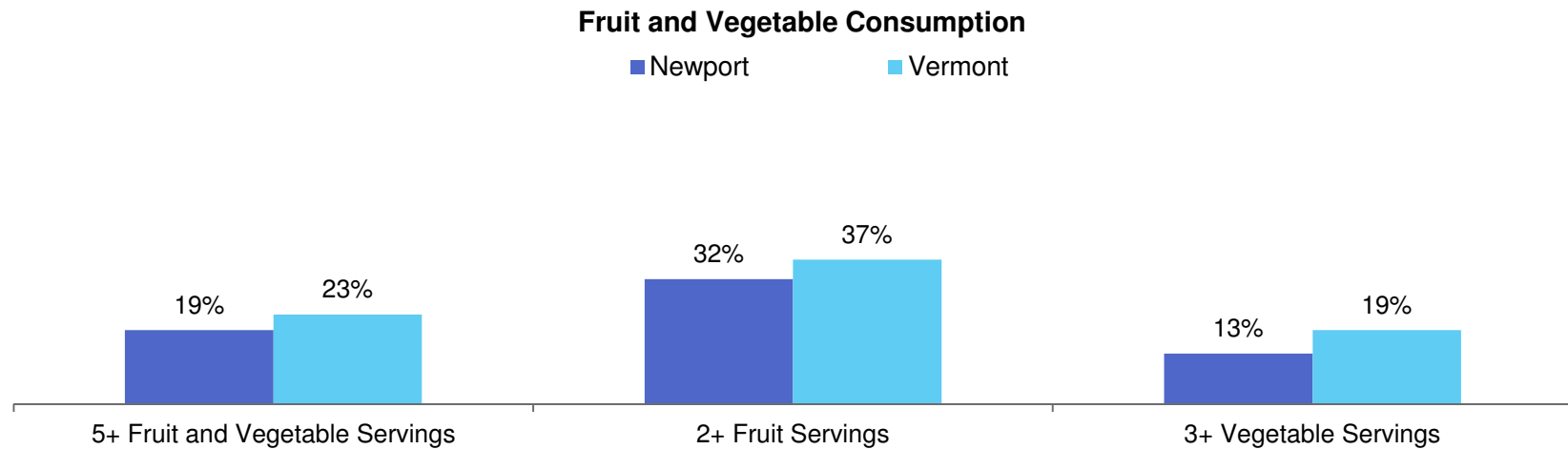


\*Sample size is too small to report

## Preventive Behaviors

In 2011, about one in five Newport area adults reported eating the recommended five or more fruit and vegetable servings per day. About a third ate two or more fruits and only 13% reported eating three or more vegetable servings.

Newport area adult consumption of fruits and vegetables was statistically similar to that among Vermont adults.



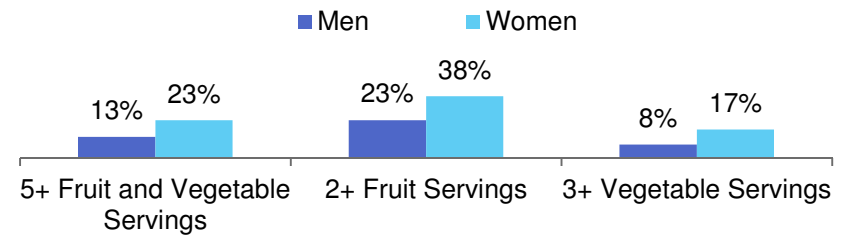
## Preventive Behaviors

Women in the Newport area reported eating more fruits and vegetables than men. However, these differences are not statistically significant.

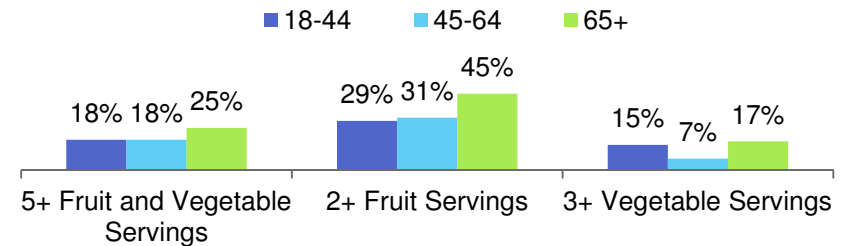
Consumption of fruits and vegetables is highest among adults 65 and older. None of the differences by age are statistically significant.

There are no differences in fruit and vegetable consumption by annual household income, among Newport adults.

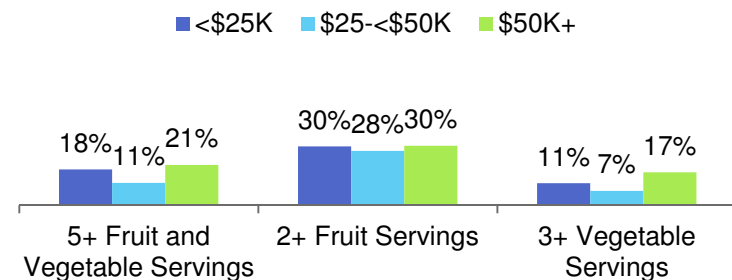
**Preventive Behaviors by Gender  
Newport Adults**



**Preventive Behaviors by Age**



**Preventive Behaviors by Income Level**



Note: Fruit and vegetable data, except that by age is age, adjusted to the U.S. 2000 standard population.



## Preventive Behaviors

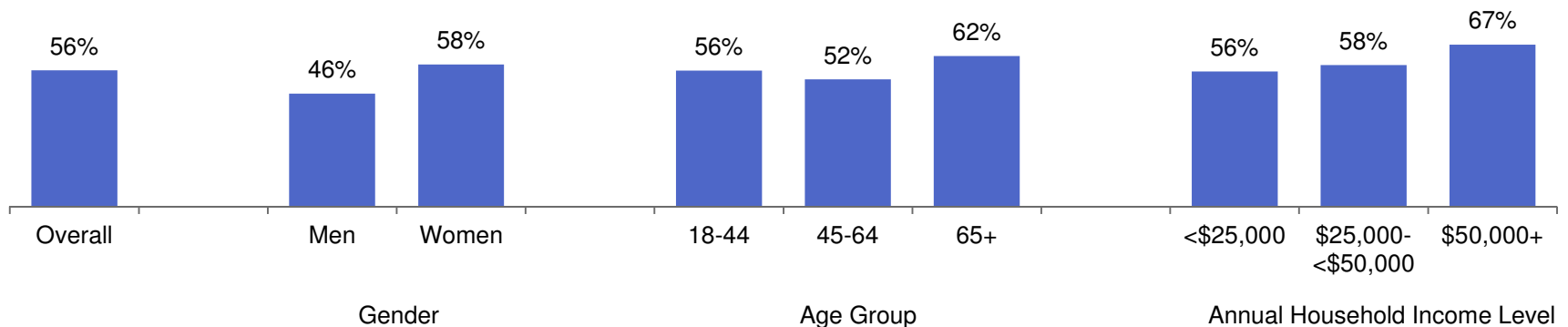
In 2011, about six in ten (59%) Vermont adults reported meeting physical activity recommendations\*. This is similar to the 56% reported among Newport area adults.

Men and women in the Newport area reported meeting physical activity recommendations at statistically similar rates, 46% for men and 58% for women.

Among Newport adults, there are no differences in meeting physical activity recommendations by age.

Meeting physical activity recommendations increases with annual household income level, however, there are no statistically significant differences.

**Met Physical Activity Recommendations, Overall and by Sub-groups  
Newport Adults**



\*For adults, the CDC currently recommends they participate in 150 minutes of moderate physical activity or 75 minutes of vigorous activity per week. Strength building activities are recommended at least two times per week. For more information see:

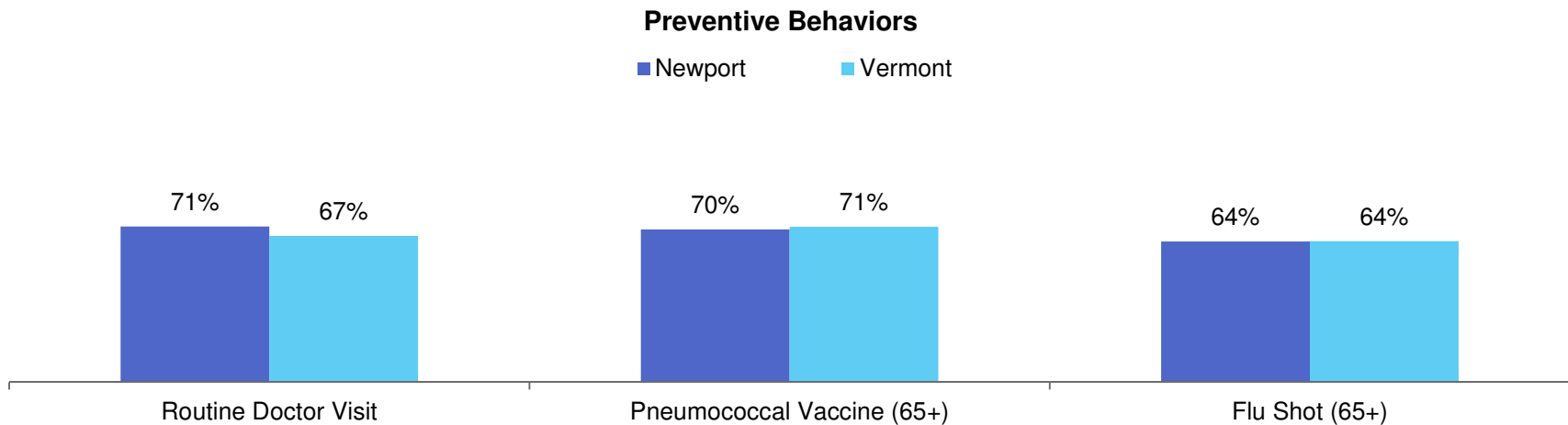
[www.cdc.gov/physicalactivity/everyone/guidelines/index.html](http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html)

## Preventive Behaviors

Nearly three-quarters of adults in the Newport area said they saw their doctor for a routine visit in the previous year. This was similar to the 67% reported among all Vermont adults.

Seven in ten Newport area adults ages 65 and older have ever gotten a pneumococcal vaccine. Slightly fewer, 64% reported having a flu shot in the last year.

- Vermont adults, ages 65 and older reported getting pneumococcal and flu shot vaccines at similar rates to Newport adults, 71% and 64%, respectively.



## Preventive Behaviors

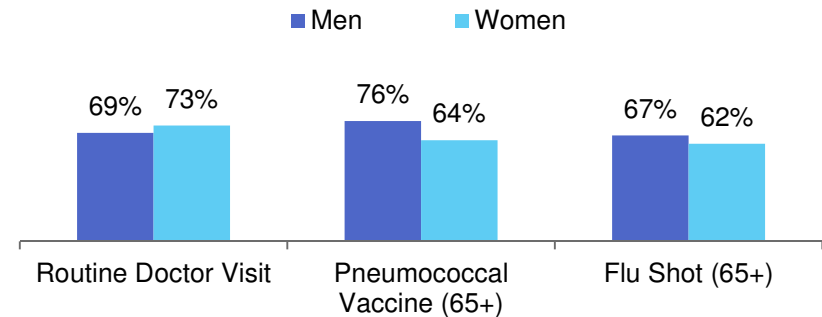
There are no statistically significant differences in routine visits to the doctor or receipt of the pneumococcal vaccine or flu shot by gender in Newport area adults.

Among Newport area adults, having a routine visit to the doctor in the last year increases with age.

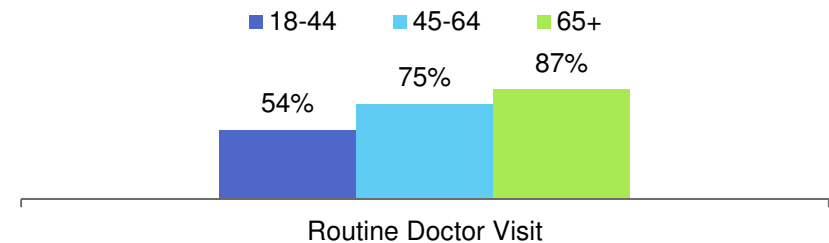
- All differences by age are statistically significant.

Newport area adults report similar rates by annual household income level in routine doctor visits and receipt of vaccinations.

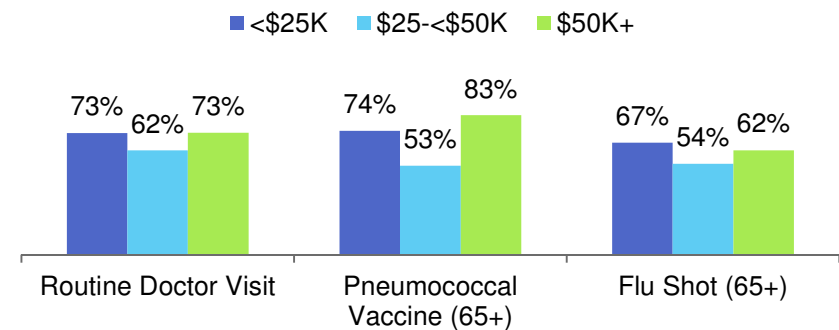
**Preventive Behaviors by Gender  
Newport Adults**



**Preventive Behaviors by Age**



**Preventive Behaviors by Income Level**



## HIV Screening

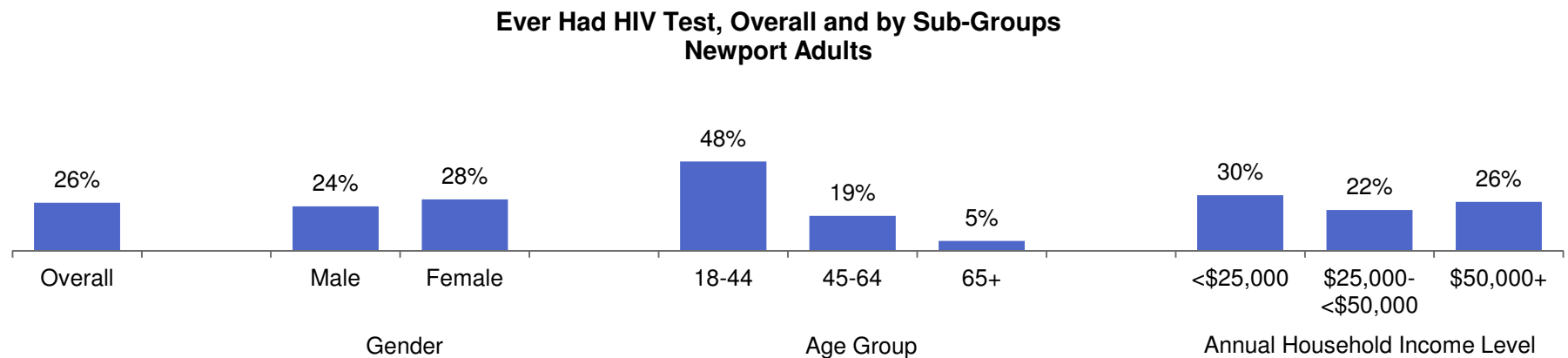
In 2011-2012, about a quarter (26%) of Newport area adults had ever been tested for HIV. This is statistically similar to the 30% reported among Vermont adults overall.

Men and women in the Newport area report HIV testing at similar rates.

Ever having an HIV test decreases with increasing age. In other words, as adults age they are less likely to have had an HIV test.

- All differences by age are statistically significant.

There are no differences, among adults in the Newport area, in HIV testing by annual household income level.



## Cancer Screening

In 2012, more than eight in ten (87%) women ages 50-74 in the Newport area reported meeting breast cancer screening recommendations. This is similar to the 82% among all Vermont women in this age group.

- The breast cancer screening recommendation is a mammogram every two years.

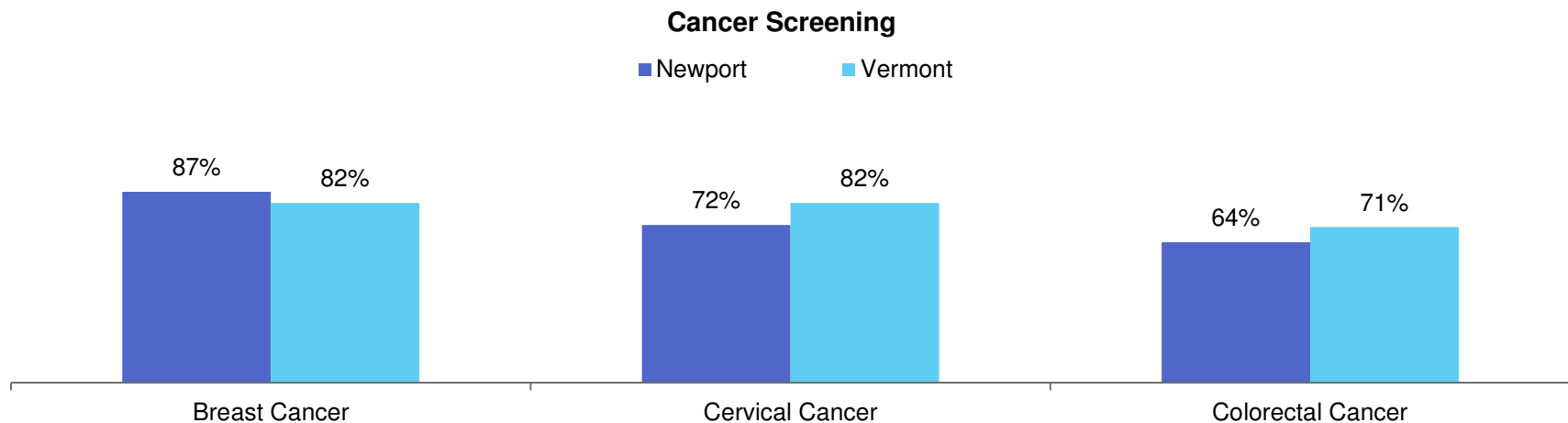
About three-quarters (72%) of women 21 and older who live in the Newport area met cervical cancer screening recommendations, statistically similar to the 82% among Vermont women of the same age.

- Cervical cancer screening recommendations are for a PAP test every three years, and excludes women who have had a hysterectomy.

Among adults 50 to 75 living in the Newport area, roughly two-thirds (64%) met colorectal cancer screening recommendations. This also is similar to the rate reported by all Vermonters of the same age (71%).

- Recommendations for screening for colorectal cancer are: a fecal occult blood test (FOBT) annually OR sigmoidoscopy ever five years and FOBT every three years OR colonoscopy ever ten years.

Data on cancer screenings are not broken out by subgroup as the screening recommendations are already limited by age and/or gender.



## Community Safety and Resources

Less than half of Newport area adults said they use community resources for physical activity (e.g. parks, playgrounds and sports fields). As compared with Vermont adults, those living in the Newport area were significantly less likely to use community resources for physical activity (58% vs. 42%).

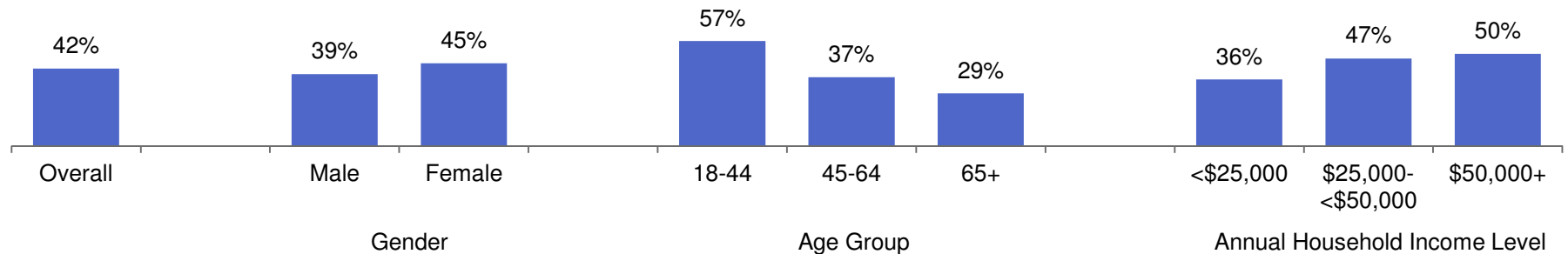
Men and women in the Newport area use physical activity community resources at similar rates.

Use of community resources for physical activity decreases with increasing age.

- Newport area adults ages 18-44 are significantly more likely than those 45 and older to use community resources (57% vs. 34%).

There are no significant differences among Newport area adults in the use of community resources for physical activity by annual household income level.

**Use Community Resources for Physical Activity, Overall and by Sub-Groups  
Newport Adults**





## Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

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Additional sub-state level data can be found on the Vermont Department of Health website

<http://healthvermont.gov/hv2020/index.aspx>

Towns in the Newport Health District are: Averill, Averys Gore, Bloomfield, Brighton, Brunswick, Canaan, Ferdinand, Lemington, Lewis, Norton, Warners Gore, Warren Gore, Albany, Barton, Brownington, Charleston, Coventry, Derby, Glover, Holland, Irasburg, Jay, Lowell, Morgan, Newport City, Newport Town, Troy, Westfield, and Westmore.